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ABSTRACT

One model of successful time-limited psychotherapy characterizes the therapy as a movement through three interactional stages: the early rapport attainment stage, the middle conflict stage, and the final resolution stage. According to this model, these stages are indicated by the relative presence of communicational harmony. To examine the validity of this model, a study was conducted in which therapist topic determination, defined as the proportion of therapist topic initiation responses that were subsequently followed by the client, was used to represent the degree of communicational harmony. It was hypothesized that successful time-limited therapy dyads would demonstrate a high-low-high sequence of therapist topic determination over the course of treatment while unsuccessful dyads would not. The degree of topic determination over the course of treatment was examined using a replicated N of 1 design for six time-limited psychotherapy dyads, one successful and one unsuccessful dyad from each of the three therapists at a university counseling center. The results indicated that each successful dyad evidenced the general high-low-high pattern of therapist topic determination, but also that there was a fair degree of variation among dyads with respect to the abruptness and speed of moving through the stages. None of the unsuccessful dyads were found to have the hypothesized pattern of topic determination. Further research should examine whether this stage model would occur regardless of theoretical approach and whether the same pattern would hold for time-unlimited dyads. (Author/NB)

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Time-Limited Psychotherapy: An Interactional
Stage Model

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RUNNING HEAD: Stages of Therapy

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Abstract

It was hypothesized that successful time-limited psychotherapy is characterized by movement through three interactional stages (the early rapport attainment stage, the middle conflict stage, and the final resolution stage) and these stages are indicated by the relative presence of communicational harmony. Therapist topic determination (defined as the proportion of therapist topic initiation responses that were subsequently followed by the client) was used to represent the degree of communicational harmony evidenced. It was hypothesized that successful time-limited therapy dyads would demonstrate a high-low-high sequence of therapist topic determination over the course of treatment while unsuccessful dyads would not. The degree of topic determination over the course of treatment was examined using a replicated N of 1 design for six time-limited psychotherapy dyads, one successful and one unsuccessful dyad from each of three therapists. The results indicated that each successful dyad evidenced the general high, low, high pattern of therapist topic determination, but also that there was a fair degree of variation among them with respect to the abruptness and speed of moving through the stages. None of the unsuccessful dyads were found to have the hypothesized pattern of topic determination.

Time-Limited Psychotherapy: An Interactional
Stage Model

The purpose of this study was to examine the validity of the interactional stage model proposed by Tracey and Ray (1984) to be associated with successful outcome in time-limited psychotherapy. Time-limited therapy was conceived as being composed of three interactional stages: the early rapport building stage, the middle conflict stage, and the final resolution stage, and that each stage was represented by different levels of interactional harmony. It was hypothesized that each of these stages must be successfully completed for a dyad to reach a successful outcome. Moving through only one or two of the stages would result in a poor outcome.

This model views the process of therapy as one of relationship negotiation between the participants. Clients enter treatment suffering from very constrained ways of interacting with others (Carson, 1983). The first treatment stage, the rapport stage, is composed of the client's definition of the relationship (Lennard & Bernstein, 1967). The initial relationship is thus based largely on the client's symptomatic or pathological definition (Young & Beier, 1983). During this stage, it is expected that the relationship will be marked by harmony. How each person is to act and what each is to do is agreed upon by both.

With time, the relationship is expected to show signs of strain as a function of both the natural consequence of one participant growing

weary of a relationship defined exclusively by the other participant, and, more important in psychotherapy, by the therapist altering his or her behavior away from the client defined norms. During this period, the dyad would be in a state of flux, because there would be no mutually agreed upon relationship definition. This middle stage would be expected to be associated with interactional conflict regarding who is to define what is to occur. The harmony of the rapport stage would be gone as both participants would be trying to get the other to act in ways they favor: the client to get the therapist to act in ways reinforcing the symptomatology, and the therapist to get the client to act in a more realistic manner. It is this period of conflict, where change can occur. If the therapist skillfully balances the amount of reinforcement on the pathological relationship definition, so as to keep the client involved, yet acts in ways that are not reinforcing; the client will start to try new, less symptomatic behaviors (Young & Beier, 1983).

The final stage occurs when the client is able to abandon the symptomatic or pathological relationship definition used earlier. Here the client and the therapist engage in a mutual negotiation of what each is to do, as contrasted by the early unilateral definition. The relationship should again be harmonious; i.e., each participant agreeing on what each is to do. Successful treatment is thus proposed to follow a high-low-high sequence of relationship harmony over the course of treatment. Unsuccessful treatment would not be expected to

completely follow this pattern.

Because the primary activity of therapy is verbal discussion, it was felt that how topics got determined would be an excellent means of assessing relationship harmony (Friedlander, 1984; Rosen, 1972; Tracey, in press-a). Specifically, the sequence of topic initiation and topic following responses was examined. When a relationship is harmonious; i.e., there exists agreement as to what is to occur, it would be expected that what each person offered as topics would be acceptable to the other, and thus followed. Harmonious relationships would be expected to be characterized by a high proportion of topic initiations that were subsequently followed by the other. On the other hand, in a relationship in conflict (i.e., with no consensus as to who is to do what), it would be expected that each person would offer topics they wish to discuss, that the other frequently does not wish to focus on. Thus, relationships in conflict would be expected to have a lower proportion of topic initiations that were subsequently followed. This method of examining relationship harmony (the proportion of topic initiations that are subsequently followed) has been labelled topic determination (Tracey, Heck, & Lichtenberg, 1981). With respect to the proposed stage model, it is hypothesized that successful treatment would evidence a high-low-high pattern of topic determination over the course of treatment.

Tracey and Ray (1984) examined topic determination as it varied in time-limited psychotherapy dyads. From a pool of 15 dyads, they

selected the three dyads with the best outcome and the three dyads with the worst outcome, and examined the sequence of topic determination over the course of treatment. They found moderate support for the hypothesized high-low-high stage model of successful treatment, but their results are of limited generalizability in that all the successful dyad consisted of female therapists while the unsuccessful dyads all had male therapists. The results could be attributable to the sex of the therapist or therapist style, independent of outcome.

The purpose of the present study was to replicate the Tracey and Ray study, using the same data pool, but obviating some of the sampling bias limitations. It was decided to use each therapist as his or her own control; i.e., examining the topic determination sequence for a successful and unsuccessful case from the same therapist.

Method

Sample

A pool of fifteen time-limited therapy dyads seen at a university counseling center (consisting of 13 female and 2 male clients meeting from 7 to 20 sessions with nine therapists (5M,4F)) was obtained. The therapists were all experienced, with an average of 10 years post doctoral counseling experience (ranging from three to 19 years), and all had been conducting time-limited psychotherapy for at least two years. All clients were judged in intake to be appropriate for time-limited psychotherapy, using Mann and Goldman's (1982) criteria

(i.e., not psychotic, able to make rapid affective attachments, and able to tolerate loss). The presenting problems of the clients consisted of one or more of the following: depression, social anxiety, inability to get along with others, especially members of the opposite sex, and free floating anxiety. From this pool, only those therapists who had one successful and one unsuccessful client were selected for intensive examination. Three, of the nine, met this criterion for inclusion. The demographic information on these six dyads is included in Table 1.

Insert Table 1 About Here

This sample pool was the same one from which Tracey and Ray (1984) selected the three most successful and the three least successful for examination. Three of the dyads examined there were included in this study and are so labelled in Table 1. The reader is referred to the Tracey and Ray paper for a more detailed discussion of the measures and procedures used in the data collection.

Measures

Counseling Outcome Measure(COM, Gelso & Johnson, 1983) contains four global items relating to overall client change, change in client behavior, change in client self-esteem, and change in client self-understanding relative to the beginning of therapy. Therapists were asked to respond to each item according to a seven point Likert scale ranging from much worse to much improved. The responses to the

four items were summed to yield an index of therapist rated improvement. On an independent sample ($n=39$), an internal consistency estimate of $\alpha = .95$ was obtained. Gelso and Johnson (1983) reported three week test-retest reliability estimates of .81, .74, .63, and .73 for the items and provided substantiation of the validity of the instrument with respect to client ratings of outcome and independent therapist judgements from structured interviews.

Follow-Up Questionnaire on Individual Counseling(FUQIC) consisted of 17 items that related to client satisfaction. Each client was to respond to each item according to a five point Likert scale ranging from strongly agree to strongly disagree. Only three of these items were general enough that they could apply to all psychotherapy dyads, regardless of specific treatment contract and goals. These items focused on the extent: (a) the therapist understood the client's concerns, (b) the therapist helped the client resolve these concerns, and (c) the client was satisfied with the results of treatment. On an independent sample of clients ($n=44$), an internal consistency estimate of $\alpha = .89$ was obtained. Wood (1979/1980) found that five month test-retest reliability estimates averaged .85 for the items, and that these items correlated highly with changes in client self-esteem and improved interpersonal relationships supporting their validity. Gelso and Johnson (1983) found these items very stable over 18 months following treatment.

Topic initiation/topic following (Tracey & Ray, 1984). Each speaking

turn was rated as either a topic initiating or a topic following response. A topic initiation occurred if the first topic in a speaking turn was different from the last topic in the preceeding speaking turn in one or more of the following ways: (a) different content, (b) different person as subject, (c) different time reference, (d) different level of specificity, and/or (e) interruption. The last criterion of interruption was included because it was felt to carry important relationship control information and its similarity to topic initiation has been demonstrated by Crow (1983). If none of the above criteria were met, then a topic following response was rated.

Every speaking turn in each session of the six dyads examined was rated for topic initiation/topic following by at least one of six advanced doctoral students, blind to the study hypotheses or outcome scores. The mean interrater reliability was found to be $\kappa = .75$ (91 % agreement rate).

From these ratings, Tracey and Ray (1984) generated two highly related measures of topical harmony: therapist and client topic determination. Each measure of topic determination was defined as the proportion of initiations that were subsequently followed by the other. But Tracey and Ray found that the analysis of client topic determination was troublesome at times because of very low frequencies of client topic initiations. Clients just did not initiate often. Given this low N and the resulting poor power of any tests using these data, it was decided not to analyze client topic determination in this

study. So, this study focused on the analysis of therapist topic determination only. This variable assessed the extent to which the client agreed to and followed the therapist's topics and was an index of the relative harmony in the relationship (Tracey et al., 1981; Tracey & Ray, 1984).

Procedures

Prior to the first session, clients were contacted and asked to participate. Of the 22 clients contacted, 18 consented (82 %). All treatment was set up as time-limited but the therapists were free to act as they typically would and set their own time limits. Of this pool of eighteen dyads, three were excluded either because they ended prematurely (less than four sessions) or because too much of the recorded data was inaudible. So a final pool of 15 dyads resulted.

Following normal termination, each therapist was given the Counseling Outcome Measure (COM) to fill out. The Follow-Up Questionnaire on Individual Counseling (FUQIC) was mailed to each client three months after termination.

The outcome status of each dyad was determined by first converting the client and counselor evaluations to T scores, based on center norms and then summing the therapist's and client's T score ratings to yield a single, evenly weighted outcome index. Those therapists who had one successful client, defined as a summed T score of > 110 , and one less successful client, defined as a summed T score of < 100 were selected for study. Only three of the nine therapists met this inclusion

criterion.

Analysis

This study used a replicated N of 1 design where the sequence of data over the course of treatment was analyzed separately for each dyad similar to that proposed by Tracey (1985). Specifically, a hierarchical sequence of chi-square tests of homogeneity (Bishop, Fienberg, & Holland, 1975) was used to examine the stability (stationarity) of therapist topic determination over the course of treatment. Analyzing topic determination in this manner minimized the Type I error rate by limiting the number of analyses conducted. First, the overall stationarity of therapist topic determination over the entire course of treatment was assessed. If the result of this overall chi-square test proved significant, indicating that topic determination was not constant over time, then separate post-hoc, pairwise, session by session chi-square contrasts were performed to find where the changes occurred. But given the many tests performed in this post-hoc analysis (i.e., each session with each other session), the results of these post-hoc comparisons will be summarized only.¹

Results

Insert Figure 1 About Here

The graphs of therapist topic determination (TTD) for each of the

dyads studied are presented in Figure 1 and are provided to aid in the interpretation of the statistical analyses. For dyad A1, the overall

2

chi-square test proved significant ($X^2(18, N=315)=31.52, p<.05$) indicating that TTD was not constant over the course of treatment. The post-hoc, session by session comparisons revealed three relatively homogenous sets of sessions. The values of TTD for sessions 7 through 18 were not found to differ from each other but each was found to differ from sessions 1 through 4 and from sessions 19 and 20. Sessions 1 through 4 and 19 and 20 were all found to have equal values of TTD. The only sessions which did not differ from the others were sessions 5 and 6. These sessions seemed to serve as a transition between the initial high TTD values of sessions 1 through 4 and the following low values of sessions 7 through 18. So the results of these post-hoc contrasts support the presence of the three stages but with an extra transition period between the initial and middle stage.

On the other hand, the results of the analyses conducted on dyad B1 revealed relatively clear demarcations between the stages. The overall

2

test proved significant ($X^2(7, N=262)=30.28, p<.001$). Therapist topic determination was found to increase significantly from session 1 to session 2, to decrease significantly from session 4 to session 5, and to increase significantly from session 7 to session 8. Sessions 1, 5, 6, and 7 were all found to be homogenous with respect to TTD as were sessions 2, 3, 4, and 8. This dyad started low, abruptly increased in

TTD for a few sessions, then abruptly decreased in TTD for three sessions until the final abrupt increase at termination.

The results of the overall chi-square test conducted on dyad C1 also attained significance ($\chi^2(13, N=302) = 23.51, p < .05$). The post-hoc comparisons conducted on C1 revealed a pattern somewhat similar to that found in dyad A1. Other than the final two sessions, no clear demarcations was found between the early and middle stages. Sessions 1 through 7, 13, and 14 were not found to differ from each other. Each had relatively high values of TTD. Sessions 10 through 12 were found to be similar, and significantly lower than the TTD values for sessions 1 through 7, 13, and 14. Sessions 8 and 9 were not found to differ significantly from sessions 6 or 7 or from sessions 10 or 11. Thus, sessions 8 and 9 seem to serve as transition sessions between the high TTD levels of the early sessions and the lower values of the middle sessions. The change in the TTD values for this dyad was very gradual, from the high early stage to the low middle stage, but abrupt toward termination.

With respect to the three unsuccessful dyads, two of the three were found to have constant levels of TTD over the course of treatment. The overall test of stationarity for dyad A2 did not attain significance

$\chi^2(9, N=510) = 12.06, p > .05$) nor did the test conducted on dyad C1

$\chi^2(6, N=86) = 5.52, p > .05$). However, the test of stationarity conducted

on dyad B2 did attain significance ($X^2(8, N=299)=15.52, p<.05$). The post hoc tests revealed that sessions 1 and 2 were found to have significantly higher values of TTD than any of the subsequent sessions.

Discussion

The results of this study lend support to the hypothesis that a high, low, high stage sequence of therapist topic determination is associated with successful outcome in time-limited psychotherapy. The high, low, high pattern of therapist topic determination was generally evident in each of the three successful dyads but in none of the three less or unsuccessful dyads. The results of this study augment the results found by Tracey and Ray (1984) by replicating the hypothesized pattern while controlling for therapist differences. However, it should be pointed out, that these results could be somewhat attributable to session length. Two of the three therapists had successful treatments that lasted much longer than the unsuccessful treatments.

Although all three successful dyads adhered to the general pattern, there was variance with respect to the abruptness which dyads moved from the first stage of high topic determination to the second lower stage. Dyads A1 and C1 were both characterized by a very gradual decrease in topic determination after the initial high plateau had been reached, while dyad B1 was characterized by an abrupt drop in topic determination. Tracey (in press-b) has proposed that the abruptness

between stages is a function of the therapist's assessment of the client's severity of disturbance. More disturbed clients are viewed as less able to withstand abrupt shifts. The intake severity of disturbance ratings, made by other therapists, were used to examine this relationship. On an anchored five point rating scale (ranging from no disturbance (1) to extremely disturbed (5)), client B1 was given a 2 rating (slight disturbance) while a 3 rating was given to client C1 (moderately disturbed), and a 4 rating was given to client A1 (marked disturbance). The least disturbed client had the most abrupt shift. Of course this abruptness could also be attributable to therapist style. Some push harder than others. It appears meritorious to examine some of the variables that may be related to the individual variation in pattern found among the dyads in this study.

It is interesting to note that of the unsuccessful dyads, the one with the best outcome was also the one with a topic determination pattern that most closely approximated the hypothesized high-low-high pattern. Specifically, the unsuccessful dyad E2 had a high-low pattern while therapist topic determination for the other two unsuccessful dyads was constant. Another hypothesis that can be generated from these results is that outcome may be associated with the degree to which a dyad approximates the high-low-high pattern, not just whether it does or not.

The strength of a study of this design, i.e., repeated N of 1, is that the unique process of each dyad is accounted for and this leads to

conclusions that are often difficult in aggregate designs. In this study, had the three successful dyads been analyzed as a group, the high, low, high pattern for each dyad was so different with respect to when each occurred, that the graph of the aggregate pattern of therapist topic determination would result in a flat profile. Further, the usage of an N of 1 design enabled the author to speculate on some of the possible causes of minor variations in the pattern. This would not be possible given an aggregate design. However, using this N of 1 design implies that the results of this study are not as generalizable as results from more traditional, aggregate designs. Sample bias problems abound. Replication of these results is crucial to enable them to be validly applied to other psychotherapy dyads.

Finally, it is inconceivable to expect this one variable to adequately represent the complex process of psychotherapy. It is one of many variables. This study is valuable in its presentation of a manner of examining the process of treatment over time and its suggestion of another variable that may be important to be cognizant of. Therapists could easily monitor topic determination and individually assess the validity of the hypothesized stages. If valid, such monitoring could provide cues of where in the process one is and that changes in approach may be needed. The stage model proposed is intended to be meta-theoretical, in that it is assumed to occur regardless of theoretical approach. Further, it is assumed that the same pattern would also hold for time unlimited dyads except that they

would be much less abrupt. Both of these issues require further examination.

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Footnote

¹
Information regarding the results of all the statistical tests performed can be obtained from the author.

Table 1

Demographic data on the six time-limited psychotherapy dyads.

		N of Client		Therapist			Outcome ^b		
Dyad	Sess	Age	Sex	^a		Orient.	Cl	Th	Tot
				Sex	Exp				
Therapist A									
A1	20	24	F	M	15	Psycho-	53	65	118
^c A2	10	23	F			dynamic	41	35	76
Therapist B									
^c B1	8	21	F	F	3	Eclectic	60	59	119
B2	9	19	F				53	45	98
Therapist C									
C1	14	25	F	M	10	Cog/beh	56	62	116
^c C2	7	30	M				49	35	84

^a Therapist experience is expressed in years post-doctoral psychotherapy experience.

^b Outcome is expressed in T scores based on center outcome norms for both the client and the therapist ratings. Total outcome is the sum of the T score outcome ratings of each of the participants.

^c Dyads A2, B1, and C2 were examined in Tracey and Ray (1984) and there labeled as dyads D, A, and E, respectively.

Figure Caption

Figure 1. Graphs of the degree of therapist topic determination for each of the six dyads (1 successful and 1 unsuccessful for each of the three therapists) over the course of treatment. (Note that information for session 14 of dyad A1 and session 6 of dyad A2 were not included as the tapes were inaudible).

